

UNITED STATES DISTRICT COURT

for the

District of Rhode Island



___ CIVIL Division

Case No. _____

(to be filled in by the Clerk's Office)

DAVID A SILVIA PRO-SE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

PROVIDENCE VAMC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ No

COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE
(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	DAVID A SILVIA
Street Address	PO BOX 789
City and County	BRISTOL - BRISTOL
State and Zip Code	RHODE ISLAND, 02809
Telephone Number	401-226-9519
E-mail Address	davidsilvia60@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	PROVIDENCE VA MEDICAL CENTER
Job or Title <i>(if known)</i>	DIRECTOR, OCONNEL
Street Address	830 CHALKSTONE AVE
City and County	PROVIDENCE - PROVIDENCE
State and Zip Code	RHODE ISLAND, 02908
Telephone Number	401-273-7100
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	AMOS CHARLES, DR
Job or Title <i>(if known)</i>	ATTENDING DOCTOR
Street Address	830 CHALKSTONE AVE
City and County	PROVIDENCE - PROVIDENCE
State and Zip Code	RHODE ISLAND, 02908
Telephone Number	401-273-7100
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) DAVID A SILVIA, is a citizen of the
State of (name) RHODE ISLAND.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

2. If the defendant is a corporation

The defendant, (name) PROVIDENCE VAMC, is incorporated under
the laws of the State of (name) RHODE ISLAND, and has its
principal place of business in the State of (name) RHODE ISLAND.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

Pro Se 5 (Rev. 12/16) Complaint for a Civil Case Alleging Negligence

\$100,000.00

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On *(date)* 04/01/2006 , at *(place)* PROVIDENCE VAMC ,

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because *(describe the acts or failures to act and why they were negligent)*

DUE TO HOMELESSNESS I WAS BEING HELD IN A ROOM WHERE I WAS NOT ALLOWED TO LEAVE, I WAS BEING TREATED FOR CHF, EDEMA, HPB, OSTHOARTHRITIS IN BOTH KNEES, I HAD A LARGE LYMPHADOMA LOCATED ON BOTH SIDES OF MY INNER THIGHS, WHICH A WOUND NURSE RECOMMENDED AN OUTPATIENT CLINIC FOR TREATMENT AND THE ATTENDING DR WOULD NOT CONSOLUT. DENIED TREATMENT OF SEVERE PAIN IN MY KNEES AND REFUSED TREATMENT ALSO.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by *(explain)*

IN CHARGE DR. REFUSED TO ADDRESS THESE CONCERNS, AFTER SEVERAL TIMES BEING TOLD OF THE DIFFICULTIES I WAS HAVING, DENIED REQUEST FOR INCREASE IN ANXIETY MEDICATION FOR 3 DAYS CAUSING ME A MENTAL BREAKDOWN OF ANGER.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

REQUEST PAYMENT OF COMPENSATION OF \$100,000.00

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 06/08/2021

Signature of Plaintiff

Printed Name of Plaintiff

DAVID A SILVA

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____